

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Yoshiteru Misumi

Docket No.

14718

Serial No.

09/885,672

Filing Date

June 20, 2001

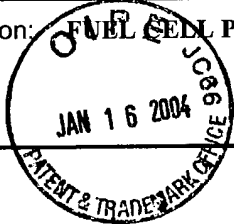
Examiner

Monique M. Wills

Group Art Unit

1746

Invention: FUEL CELL POWER GENERATING SYSTEM AND OPERATION METHOD

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

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Dated: January 14, 2004

Aasheesh V. Shravah
Registration No. 54,445
SCULLY, SCOTT, MURPHY & PRESSER
400 Garden City Plaza
Garden City, NY 11530
(516) 742-4343
AVS:jap

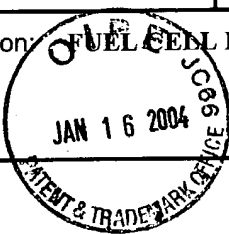
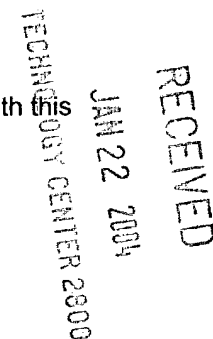
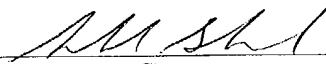
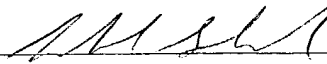
I certify that this document and fee is being deposited on Jan. 14, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

Aasheesh V. Shravah

Typed or Printed Name

CC:

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<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="text-align: right;">  </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div>  _____ <i>Signature</i> </div> <div> Dated: January 14, 2004 </div> </div> <div style="margin-top: 10px;"> Aasheesh V. Shravah Registration No. 54,445 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, NY 11530 (516) 742-4343 AVS:jap </div> </div>					
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